

**Appendix 9**  
**Prior Authorization Chiropractic Attachment (PA/CA)**  
**Completion Instructions**

Prior authorization determinations are enhanced by complete and high-quality documentation included with the request. Carefully complete this attachment, attach it to the Prior Authorization Request Form (PA/RF) and submit to:

EDS  
Prior Authorization Unit  
Suite 88  
6406 Bridge Road  
Madison, WI 53784-0088

Contact the EDS Policy/Billing Correspondence Unit with questions about completing of the Prior Authorization Request Form (PA/RF) and/or the Prior Authorization Chiropractic Attachment (PA/CA). The telephone numbers are listed in Appendix 2 of Part A of the provider handbook.

***RECIPIENT INFORMATION:***

**Element 1 - Recipient's Last Name**

Enter the recipient's last name from the recipient's identification card.

**Element 2 - Recipient's First Name**

Enter the recipient's first name from the recipient's identification card.

**Element 3 - Recipient's Middle Initial**

Enter the recipient's middle initial from the recipient's identification card.

**Element 4 - Recipient's Medicaid Identification Number**

Enter the recipient's 10-digit identification number from the recipient's identification card.

**Element 5 - Recipient's Age**

Enter the recipient's age in numerical form (e.g., 45, 60, 21).

***PROVIDER INFORMATION:***

**Element 6 - Performing Provider's Name**

Enter the name of the chiropractor who will provide treatment.

**Element 7 - Performing Provider's Medicaid Provider Number**

Enter the eight-digit provider number of the performing provider (the provider who will provide treatment).

**Element 8 - Performing Provider's Telephone Number**

Enter the telephone number, including area code, of the performing provider.

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Use the remaining portions of this attachment to document the justification for the requested service to be provided.

1. Complete elements 1-8.
2. Read the Prior Authorization Statement before dating and signing the attachment.
3. Date and sign the attachment.